

## DEPARTMENT OF INDUSTRIAL RELATIONS

**INDUSTRIAL MEDICAL COUNCIL**

395 Oyster Point Blvd., Ste. 102

South San Francisco, CA 94080

Tel: (650) 737-2700 Fax: (650) 737-2989

ADDRESS REPLY TO:

P.O. Box 8888

San Francisco, CA 94128-8888

**QME APPOINTMENT NOTIFICATION FORM**

To The Qualified Medical Evaluator: You are required by law to give notice on a prescribed form when an appointment has been made with you to perform a QME comprehensive medical evaluation. The Industrial Medical Council (IMC) has prescribed this form for this purpose. Please complete this form in its entirety, noting that you are legally required to include: the name and address of the employee, the name of the employer and claims administrator, and the appointment time and date. The IMC also requires that you serve this appointment notification form on the employee and the employer/insurer within five (5) days after having scheduled the injured worker to be seen for a QME comprehensive medical evaluation.

PANEL NUMBER \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_ CLAIM NUMBER \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Employee's Telephone Number: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Claims Administrator: \_\_\_\_\_

Carrier/Self-Insurer's Address: \_\_\_\_\_

Claims Administrator's Name: \_\_\_\_\_

DATE OF THE APPOINTMENT CALL: \_\_\_\_\_

DATE OF THE APPOINTMENT: \_\_\_\_\_

TIME OF THE APPOINTMENT: \_\_\_\_\_

LOCATION OF APPOINTMENT: \_\_\_\_\_

QUALIFIED INTERPRETER REQUIRED: (language) \_\_\_\_\_

COPY TO:        [        ] EMPLOYEE  
                     [        ] CLAIMS ADMINISTRATOR (IF NONE, EMPLOYER)

Signature of QME: \_\_\_\_\_ Date: \_\_\_\_\_

Name of QME (print/type): \_\_\_\_\_

Address/Telephone: \_\_\_\_\_

**Note to Claims Administrator:** The Administrative Director's regulation 10160 requires you to forward a completed DEU form 101, "Request for Summary Rating," together with all medical reports and medical records prior to the scheduled examination with the QME. You must also provide the employee with a DEU form 100, "Employee's Disability Questionnaire," prior to the examination. Social Security Number is for record-keeping purposes only.

IMC FORM 12205A (Rev. 5/94)

Authority cited: Sections 139, 139.2, Labor Code.

Reference: Sections 139.2, 4061, 4062, Labor Code.